FILED
Jun 30, 2000 8:00 am
Secretary of State
06-30-2000 90001 025 ***550.00

DOCUMENT #
1. Entity Name P00000059809

CENTRAL PALM BEACH COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
NA	C/O ED GODOY 711 CAMILO AVENUE CORAL GABLES, FL 33134

00000303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0685453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERRERA, CARLOS M 847 DOVER STREET BOCA RATON, FL 33487	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00!
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HERRERA, CARLOS M 2250 PALM BEACH LAKES BLVD, STE113 W. PALM BEACH, FL	☐ Delete	XX Change ☐ Addition 847 DOVER STREET BOCA RATON, FL 33487	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LOPEZ, ALBERT 2250 PALM BEACH LAKES BLVD, STE113 W PALM BEACH, FL	☐ Delete	XX Change ☐ Addition 7820 S.W. 169 STREET MIAMI, FL 33157	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GODOY, EDUARDO 2250 PALM BEACH LAKES BLVD, STE113 W. PALM BEACH, FL	☐ Delete	XX Change ☐ Addition 711 CAMILO AVENUE CORAL GABLES, FL 33134	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (10/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo Godoy - _____ 6/21/00 305-447-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.01